## USEPA 290 BROADWAY NY, NY

## NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1431

Operator Project #	Postmark	Date Re	te Received Not			otification #		
TYPE OF NOTIFICATION (O.O.	riginal P. Dansins J. C. C.							
TYPE OF NOTIFICATION (O-O FACILITY INFORMATION (Iden	otify Owner Removal Control	celled): R -	Postpon	ed				
OWNER NAME: Rockefeller Gro	oup Development Corp	ractor and (	Other Ope	rator):				
Address: 1221 6 <sup>th</sup> Avenue	bap bevelopment corp.							
City: New York			- CI					
Contact Name: Joseph Metcalf				State: NY			Zip: 10020	
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/			Telephone: 212-282-1601			501		
Address: 11-02 Queens Plaza S	South	o. d/b/a PAL	. Environm	ental Services				
City: Long Island City	south							
Contact Name: Aric Domozick			State: NY				Zip: 11101	
OTHER CONTRACTOR:				T	Telephone: 718-349-0900			
Address:								
City:								
Contact Name:							Zip:	
	001				Telephone:			
TYPE OF OPERATION (D-Demo	o, O-Ordered Demo, R-Reno	ovation, E-E	mergency	Renovation: I	R			
IS ASBESTOS PRESENT? (YES	NO) YES							
FACILITY DESCRIPTION (Included)	de Building Name, Number	and Floor	or Room N	lumber)				
Building Name:								
Address: 1221 6 <sup>th</sup> Avenue								
City: New York			State: NY			Zip: 10020		
Site Location: Roof Elevator Mo	tor Room							
Building Size: 2,508,386 SF			# of Floors: 51			Age in Years: 44		
Present Use: Commercial			Prior Use: Commercial					
Procedure, Including Analytical	Method, If Appropriate, Use PLM – Polarized Li	ed to Detections	t the Pres	ence of Asbest	tos Material:			
Approximate amount of asbesto	os, R. ACM		Non-Friable India			cata Unit of Management		
Including	to be		Asbestos Material		Indicate Unit of Measurement			
<ol> <li>Regulated ACM to be removed.</li> </ol>	ved removed		not to be removed			Below		
<ol> <li>Category I ACM not remove</li> <li>Category II ACM not remove</li> </ol>	ed		3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5					
			CAT I	CAT II			UNIT	
					Linear Feet	:	Ln M:	
Surface Area: Spray-on Fireproo	ofing, 2,050				Square Fee	et: X	Square Meter:	
olume RACM off Facility Compo	onent				CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: Postponed		Complete: <b>09/01/2017</b>			
Scheduled Dates Demo/Renovation (mm/dd./yy)			art:	Complete:				

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:								
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE								
DEMOLITION AND RENOVATION SITE:								
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.								
WASTE TRANSPORTER #1								
Name: Tri State Transfer Associates								
Address: 1199 Randall Avenue								
City: Long Island City	State: NY	Zip: 10474						
Contact Name: Jimmy Byrne	Telephone: 718-617-0771							
WASTE TRANSPORTER #2								
Name: ATC								
Address: 2 Moriches Middle Island Road								
City: Shirley	State: NY	Zip:						
Contact Name: Kenny Smith		Telephone: 631-924-5050						
WASTE TRANSPORTER #3								
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services								
Location: 11-02 Queens Plaza South								
City: Long Island City	City: Long Island City	City: Long Island City						
Telephone: 718-349-0900		enty i zerig zerama dicy						
Disposal Facility								
Name: Minerva Enterprises								
ocation: 9000 Minerva Road, SE Location: 9000 Minerva Road, SE								
	State: OH Zip: 44688							
FOR EMERGENCY RENOVATIONS								
Date and Hour of Emergency (mm/dd./yy)								
Description of the Sudden, Unexpected Event:								
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY								
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER Any ACM, which is discovered								
unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA								
Vacs, to be put in 6 mil poly bags for proper disposal.								
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-								
SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY								
THIS PERSONNVILL BE AVAILABLE FOR INSPECTION DUR	ING NORMAL BUSINESS HOURS (req	uired 1 year after promulgation)						
N N								
08/31/2016								
Signature of Wner/Operator Date								
I certify that the above information is correct								
09/21/2016								
Signature of Owner/Operator Date								
Signature of Wher/Operator Date								